

**TOWN OF WHITESTOWN, INDIANA**

**CONTRACTOR REGISTRATION APPLICATION**

☐ **NEW**      ☐ **RENEWAL**

**LICENSE TYPE:** ☐ **Mechanical**    ☐ **Electrical**    ☐ **Plumbing**

**COMPANY TYPE:** ☐ **Individual** ☐ **Partnership** ☐ **Corporation**

Name of Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

*For office use only*

Registration # \_\_\_\_\_

Issue Date:  
\_\_\_\_\_

\$10 Registration Fee Paid: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Alt. Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Are you or your agents are licensed, registered or certified by the State of Indiana?      ☐ YES    ☐ NO  
If yes, please attach a copy of applicable license(s), registration(s) and/or certification(s).

Are you or your agents are licensed, registered or certified in any other state?      ☐ YES    ☐ NO  
If yes, please attach a copy of applicable license(s), registration(s) and/or certification(s).

☐ **PLEASE ATTACH A GENERAL LIABILITY INSURANCE CERTIFICATE that meets the following requirements:**

- Minimum of \$500,000 for each occurrence of death or bodily injury
- Minimum of \$100,000 for each occurrence of property damage.
- Must indicate the policy number or "Binder".
- Must identify the effective and expiration dates of the coverage.
- Must name the sole proprietor, partnership, or corporation as the insured.
- Must indicate coverage for electrical, plumbing, and/or mechanical contracting services.
- Must not limit coverage to a single job or address.
- Must name the "Town of Whitestown" as Additional Insured.

☐ **PLEASE ATTACH A \$10,000 SURETY BOND that meets the following requirements:**

- Must be type-written. Hand-written bonds will not be accepted.
- Must show the bond number, name, address, and phone number of the bonding company and insurance agent.
- Must name the Consolidated City of Indianapolis and an Unknown Third Party as Obligee.
- Must indicate coverage for electrical, plumbing, and/or mechanical contracting services.
- Must be signed by the principal (If partnership, all partners must sign)

❑ **PLEASE ATTACH PROOF OF WORKER'S COMPENSATION INSURANCE.** By Indiana state law, corporations, partnerships and sole proprietorships are required to carry Worker's Compensation coverage for employees. In the case of a corporation with no employees, Worker's Compensation insurance must at least cover the owner/principal. Such proof must meet the following requirements:

- Must carry Worker's Compensation Insurance for workers employed in Whitestown/Boone County.
- Must identify the effective and expiration dates of coverage.
- Must indicate the policy number or "Binder" (a binder is only valid for 30 days from date of issuance).

**If you do NOT have employees, please complete the following Worker's Compensation waiver:**

**\*\*FOR SOLE PROPRIETORS, PARTNERSHIPS OR LLCs WITH NO EMPLOYEES, PLEASE  
READ AND SIGN BELOW:\*\***

Please be advised that \_\_\_\_\_ has/have no employees at this time. If in the future employees are hired, a certificate of insurance reflecting a policy of Worker's Compensation will be provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby make application for registration as an electrical, plumbing or mechanical contractor within the Town limits of the Town of Whitestown, Indiana and agree to comply with any applicable local, federal and state laws regarding provision of such services. I understand that contractors are responsible for maintaining current registration and license information, in addition to submitting proof of current general liability coverage, Worker's Compensation (if applicable) and surety bond coverage before performing work in the Town of Whitestown, Indiana. I agree to allow the Town of Whitestown to post my company name and contact information on the Town of Whitestown website. I swear or affirm, under penalties of perjury, that the information I have given on this application is true and correct to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_